

## AGREEMENT FORM FOR NON-CANDIDATE/ISSUE ADVERTISEMENTS

<b>Station and Location:</b>	<b>Date</b>
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I, Sarah Levene

do hereby request station time concerning the following issue:

WRAL-TV Raleigh/Dur NC

Broadcast Length	Time of Day, Rotation or Package	Days	Class	Times per Week	Number of Weeks
AS ORDERED					

**Total Charges:** \$25,361.25

This broadcast time will be used by: Democratic Congressional Campaign Committee

**Does the programming (in whole or in part) communicate "a message relating to any political matter of national importance?"**

☒ **Yes**
                         
 ☐ **No**

For programming that "communicates a message relating to any political matter of national importance," list the name of the legally qualified candidate(s) the programming refers to, the office(s) being sought and the date(s) of the election(s) (if applicable):

For programming that "communicates a message relating to any political matter of national importance," attach Agreed Upon Schedule (Page 3)

I represent that the payment for the above described broadcast time has been furnished by:

Democratic Congressional Campaign Committee  
 430 South Capitol St.  
 Washington, DC 20003

and you are authorized to announce the time as paid for by such person or entity. The entity furnishing the payment, if other than an individual person, is:

☐ a corporation; ☒ a committee; ☐ an association; ☐ or other unincorporated group.

The names, offices, and addresses of the chief executive officers, directors, and/or authorized agents of the entity are named below (may be attached separately):

Kristi Mark, Chief Operating Officer

**THIS STATION DOES NOT DISCRIMINATE OR PERMIT DISCRIMINATION ON THE BASIS OF RACE OR ETHNICITY IN THE PLACEMENT OF ADVERTISING.**

I agree to indemnify and hold harmless the station for any damages or liability, including reasonable attorney's fees, that may ensue from the broadcast of the above-requested advertisement(s). For the above-stated broadcast(s), I also agree to prepare a script, transcript, or tape, which will be delivered to the station at least \_\_\_\_\_ before the time of the scheduled broadcasts.

**TO BE SIGNED BY ISSUE ADVERTISER**

4/18/11      [Signature]      202 338 8700  
 Date      Signature      Contact Phone Number

**TO BE SIGNED BY STATION REPRESENTATIVE**

☒ Accepted      ☐ Accepted in Part      ☐ Rejected

[Signature]      Matt Donegan      CSUM  
 Signature      Printed Name      Title

## AGREED UPON SCHEDULE

**For All Issue Advertisements That Communicate a Message Relating to Any Political Matter of National Importance**

Broadcast Length	Time of Day, Rotation or Package	Days	Class	Times per Week	Number of Weeks
AS ORDERED					

**Total Charges:**

## AFTER AIRING OF BROADCASTS:

Attach invoices or Schedule Run Summary to this Form showing:

- (1) actual air time and charges for each spot;
- (2) the date(s), exact time(s) and reason(s) for Make-Good(s), if any; and
- (3) the amount of rebates given (identify exact date, time, class of broadcast and dollar amount for each rebate), if any.

**Note:** Because the FCC requires that the political file contain the actual times the spots air, that information should be included in the file as soon as possible. If that information is only generated monthly, the file should include the name of a contact person who can provide the times that specific spots aired.

**CONTRACT**

**WRAZ**  
**Diamond View Office Building**  
**512 S. Mangum St.**  
**Durham, NC 27701**  
**(919)821-8514**

And:

**Greer Margolis & Mitchell**  
**1010 Wisconsin Avenue, Suite 800**  
**Washington, DC 20007**

<u>Contract / Revision</u> 117336 /		<u>Alt Order #</u> 06301869
<u>Product</u> DCCC 10/9		
<u>Contract Dates</u> 10/09/12 - 10/15/12		<u>Estimate #</u> 1551
<u>Advertiser</u> Democratic Congressional Campaign Comm		<u>Original Date / Revision</u> 08/31/12 / 08/31/12
<u>Billing Cycle</u> EOM/EOC	<u>Billing Calendar</u> Broadcast	<u>Cash/Trade</u> Cash
<u>Station</u> WRAZ	<u>Account Executive</u> N Welte	<u>Sales Office</u> Philadelphia Tel
<u>Special Handling</u>		
<u>Demographic</u> Adults 35+		
<u>IDB#</u>	<u>Advertiser Code</u> 11	<u>Product Code</u> 14
<u>Agency Ref</u>		<u>Advertiser Ref</u>

*Line	Ch	Start Date	End Date	Description	Start/End Time	Days	Length	Spots/ Week	Rate	Type	Spots	Amount
N 1	WRAZ	10/09/12	10/15/12	7-8a M-F	7-8a		:30			NM	1	\$425.00
IN WINDOW ISSUE CLASS 1												
		<u>Start Date</u>	<u>End Date</u>	<u>Weekdays</u>				<u>Spots/Week</u>	<u>Rate</u>			
Week:		10/09/12	10/15/12	MTWTF--				1	\$425.00			
Totals											1	\$425.00

Time Period	# of Spots	Gross Amount	Net Amount
10/01/12 - 10/15/12	1	\$425.00	\$361.25
<b>Totals</b>	<b>1</b>	<b>\$425.00</b>	<b>\$361.25</b>

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(\* Line Transactions: N = New, E = Edited, D = Deleted)

Notwithstanding to whom bills are rendered, advertiser, agency and service, jointly and severally, shall remain obligated to pay to station the amount of any bills rendered by station within the time specified and until payment in full is received by station. Payment by advertiser to agency or to service or payment by agency to service, shall not constitute payment to station. Station will not be bound by conditions, printed or otherwise, on contracts, insertion orders, copy instructions or any correspondence when such conflict with the above terms and conditions. Two week advance cancellation notice is required unless otherwise specified.

In compliance with FCC rules, Capitol Broadcasting does not discriminate in advertising arrangements on the basis of race or ethnicity. Any advertising arrangement with any station intended by the advertiser to discriminate in such manner shall be considered null and void.